

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
DIVISION
AT MEMPHIS**

CONNIE JEAN HUFFMAN,
Plaintiff,

vs.

No.:

**UNUM LIFE INSURANCE COMPANY
OF AMERICA,**
Defendant.

COMPLAINT

COMES NOW your Plaintiff, Connie Jean Huffman, by and through counsel, and sues the Defendant, UNUM Life Insurance of America (herein “UNUM”) and because of actions states and shows to this Honorable Court the following:

1. The Plaintiff, Connie Jean Huffman, is a resident of Burlison, Tipton County, Tennessee;
2. That at all times herein mentioned, UNUM is a foreign corporation with its principle place of business in the State of New Hampshire. The Defendant’s agent for service of process is the Tennessee Commissioner of Insurance;
3. This Court has jurisdiction pursuant to 28 USC §1332(a)(1). There is diversity in citizenship between the parties and the amount in controversy exceeds \$100,000.00. Therefore, subject matter jurisdiction exists in this cause of action;

4. This is a civil action to recover Long-Term Disability Benefits pursuant to §502(a) of the Employee Retirement Income Security Act of 1974 (herein “ERISA”);

5. The Plaintiff is a policyholder of a Long-Term Disability policy with UNUM. The group number is 123341 and the policy number is 8840944.

6. On or about March 14, 2013, the Plaintiff became “**disabled**” and eligible for disability benefits under said policy. The Plaintiff applied for Long-Term Disability Benefits May 24, 2013.

7. On September 19, 2013, the Defendants denied the claim for Long-Term Disability Benefits.

8. On October 24, 2013, the Plaintiff appealed the decision to deny Long-Term Disability Benefits;

9. On December 16, 2013, the Defendant affirmed the decision to deny Long-Term Disability Benefits. This was the final appeal review.

10. The Plaintiff has been diagnosed with Crohns Disease, a L5-S1 disc herniation requiring a fusion, a C5-6 herniated disc requiring surgical intervention, degenerative disc disease throughout the lumbar spine, osteoarthritis in the knees and hips.

12. The Plaintiff’s medical condition renders her “**DISABLED**” as defined in “**DEFINITION OF DISABILITY**” under the group policy which is the subject of this litigation;

13. The Plaintiff has appealed all of the denials of her Application for Disability Benefits and all administrative remedies have been exhausted;

14. The Defendant has failed to pay benefits for said policy and plan with benefits amounting to 60% of the Plaintiff's gross income for each month she is unable to engage in a gainful occupation.

15. There will be additional benefits accrued after the filing of this lawsuit as the Plaintiff remains disabled.

16. The Defendant's denial of disability benefits is arbitrary and capricious as defined by 6th Circuit case law governing ERISA plans.

WHEREFORE, the Plaintiff prays for a judgment against the Defendant for all accrued benefits, for any month she is disabled under the policy, for pre-judgment and post-judgment interest, for attorney fees, for future benefits and for any relief this Court deems proper under the circumstances.

Respectfully submitted,

The Law Offices of John E. Dunlap, P.C.

/s/John E. Dunlap

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